SEP 0 6 2006

PTO/SB/17 (01-06)
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ork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known						
•	Application Number 10/727,04			3						
FEE	,	Filing Date		December 4, 2003						
For FY 2006				First Named Inv	entor	Kazuhisa TANABE				
				Examiner Name		K. E. Toth				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	3736					
TOTAL AMOUNT O	F PAYMENT	(\$) 450.00		Attorney Docket	No.	163852020000	)			
METHOD OF PA	YMENT (check a	all that apply)								
Check Credit Card Money Order None Other (please identify):										
X Deposit Accoun	·			,		rrison & Foerst	er LLP			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULAT	ION (All the fee	es below are di	ue upo	n filing or may	be subje	ct to a surcha	rge.)			
1. BASIC FILING, S	EARCH, AND EX	AMINATION FEI	ES							
	FIL	ING FEES	SEA	ARCH FEES	EXAMIN	IATION FEES				
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)		
Utility	300	150	500	250	200	100				
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM I	FEES						5	Small Entity		
Fee Description							Fee (\$)	<u>Fee (\$)</u>		
Each claim over 20	. •	•					50	25		
Each independent claim over 3 (including Reissues)							200	100		
Multiple dependent	claims						360	180		
Total Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)	Me	ultiple Depende	nt Claims			
. =	x				<u>Fe</u>	<u>e (\$)                                      </u>	ee Paid (\$)	Į.		
HP = highest number of	total claims paid for,	if greater than 20.						_		
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)						
HP = highest number of	independent claims ;	paid for, if greater tha	n 3.	<u></u>		•				
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets	Extra Sheets		-	dditional 50 or frac	tion thereo	f Fee (\$)	Fee P	Paid (\$)		
	00 =	-		(round up to a who			=			
4. OTHER FEE(S)  Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00										
SUBMITTED BY O TA										
Signature	12-4	Ulekhu		Registration No. (Attorney/Agent)	51,683	Telephone	(703) 760	-7796		
Name (Print/Type) Bri	an N. Fletcher					Date S	September	6, 2006		



PTO/SB/22 (12-04)
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Twork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

PETITIO	N FOR EX	TENSION OF	Docket Number (Optional)						
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					163852020000				
		Consolidated A	5" I D D A 0000						
Applicatio	n Number		10/727,043	Filed December 4, 2003					
For PU	ILSE WAVE	MONITORIN	G DEVICE						
Art Unit	3736				Examiner	K. E. T	oth		
identified	application.			36(a) to extend the					
7770 70400			(0)	<u>Fee</u>	Small Entity		´		
	One mor	nth (37 CFR 1.	17(a)(1))	\$120	\$60	\$			
×	Two mor	nths (37 CFR 1	.17(a)(2))	\$450	\$225	\$	450.00		
	Three m	onths (37 CFR	1.17(a)(3))	\$1020	\$510	\$			
Ė	Four mo	nths (37 CFR	I.17(a)(4))	\$1590	\$795	\$			
	Five mor	nths (37 CFR 1	.17(a)(5))	\$2160	\$1080	\$			
X Th	e Director h	as already be		harge fees in this a ny fees which may I have enclose	be required, or o d a duplicate cop n (PTO/SB/17) i	credit any over	payment, to E. Fee		
l am th	ne	applicant/inv	entor.		•				
		assignee of r	ecord of the entire	e interest. See 37 3.73(b) is enclosed.		3/96).			
	×	attorney or a	gent of record. R	egistration Number	51,683	3			
		attorney or a	gent under 37 CF	R 1.34.					
			number if acting un			·			
		12-	Tteh-	_	Sep	tember 6, 200	6		
	l	Sigi	nature			Date			
	Brian N. Fletcher					(703) 760-7796			
		Typed or p	orinted name		Tele	ephone Numbe	er		
NOTE: S than one	Signatures of all signature is req	the inventors or ass uired, see below.	ignees of record of the e	entire interest or their repre	esentative(s) are requir	red. Submit multiple	forms if more		
	Total of	1	forms are submitt	ted.					
					09/07/2006 SI	DENBOB1 000001	60 031952 107		
					01 FC:1252	450.00 D	A		